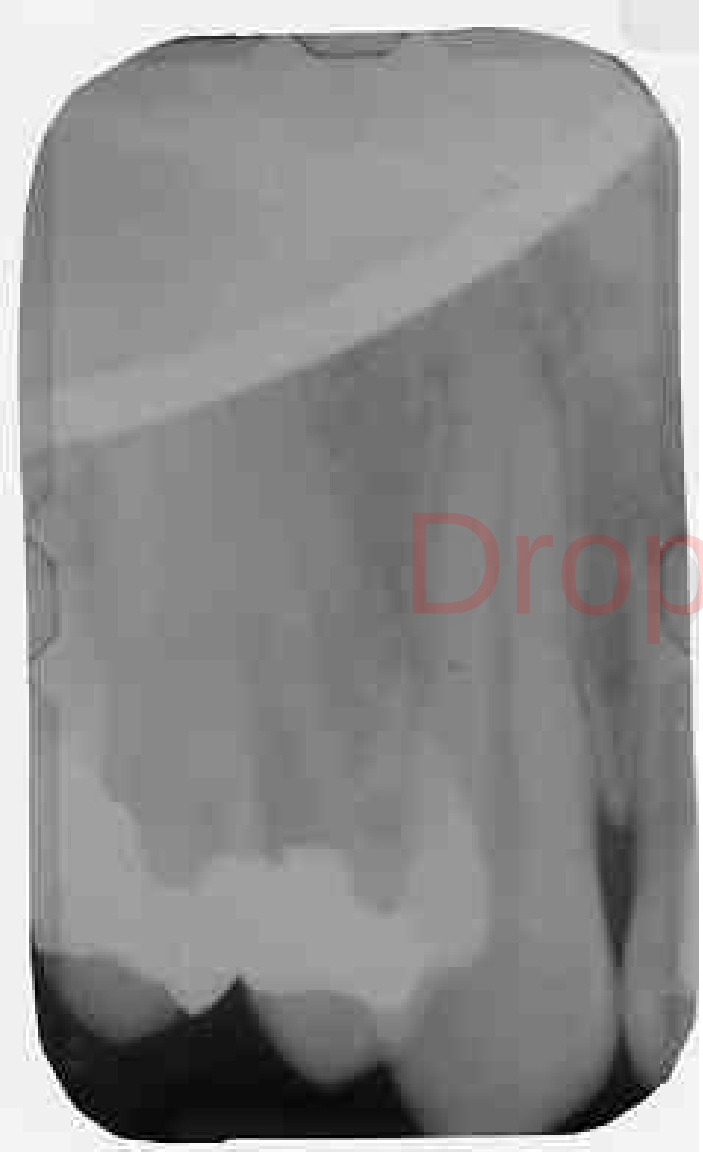


Fig. 9-1

Eyeglass lens made of glass (radiopaque) and frame made of metal (radiopaque).

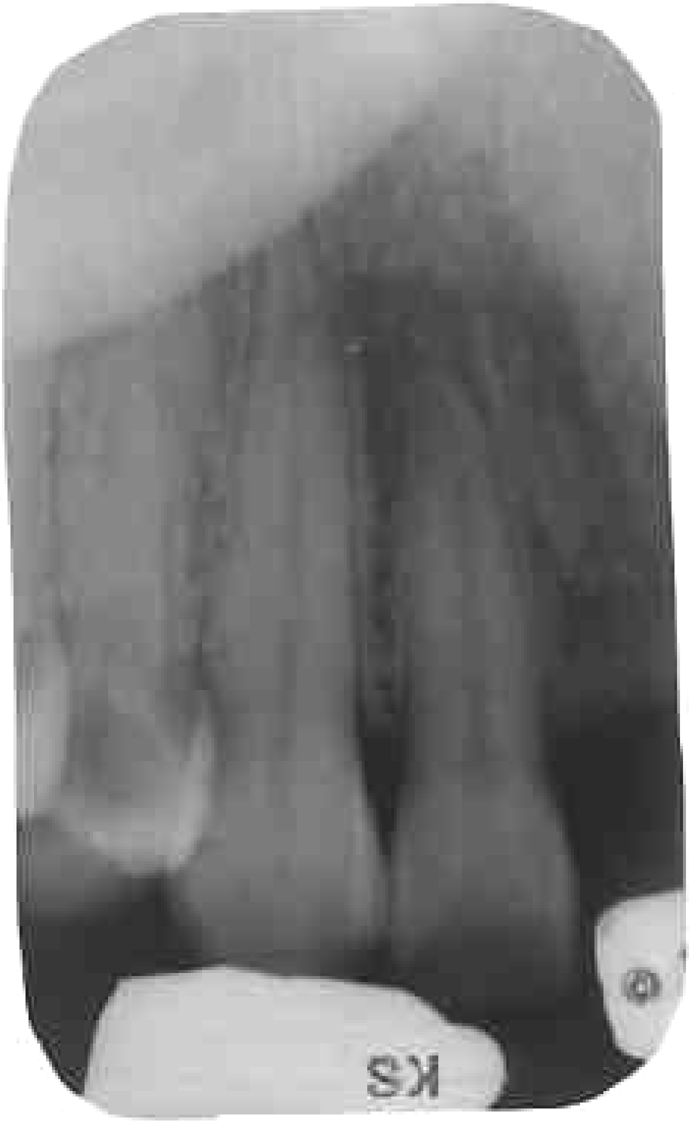


Fig. 9-2

Eyeglass lens made of glass (radiopaque) and frame made of plastic (radiolucent).

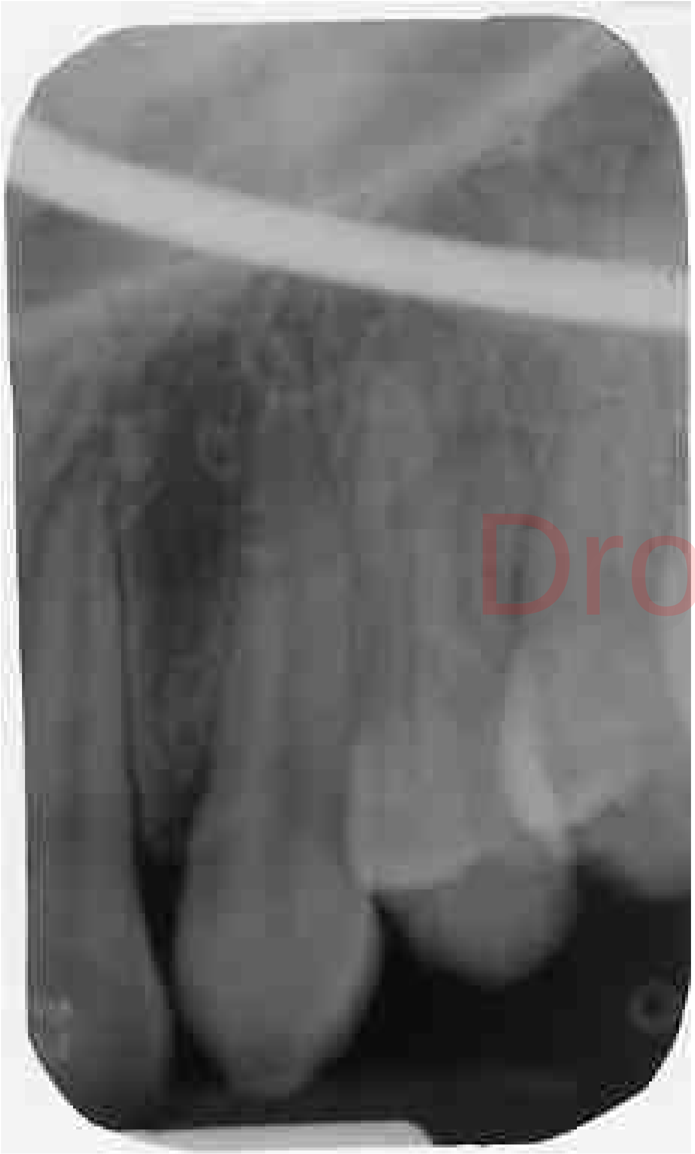


Fig. 9-3

Metal frame of eyeglasses (radiopaque). The eyeglass lens is made of plastic (radiolucent).

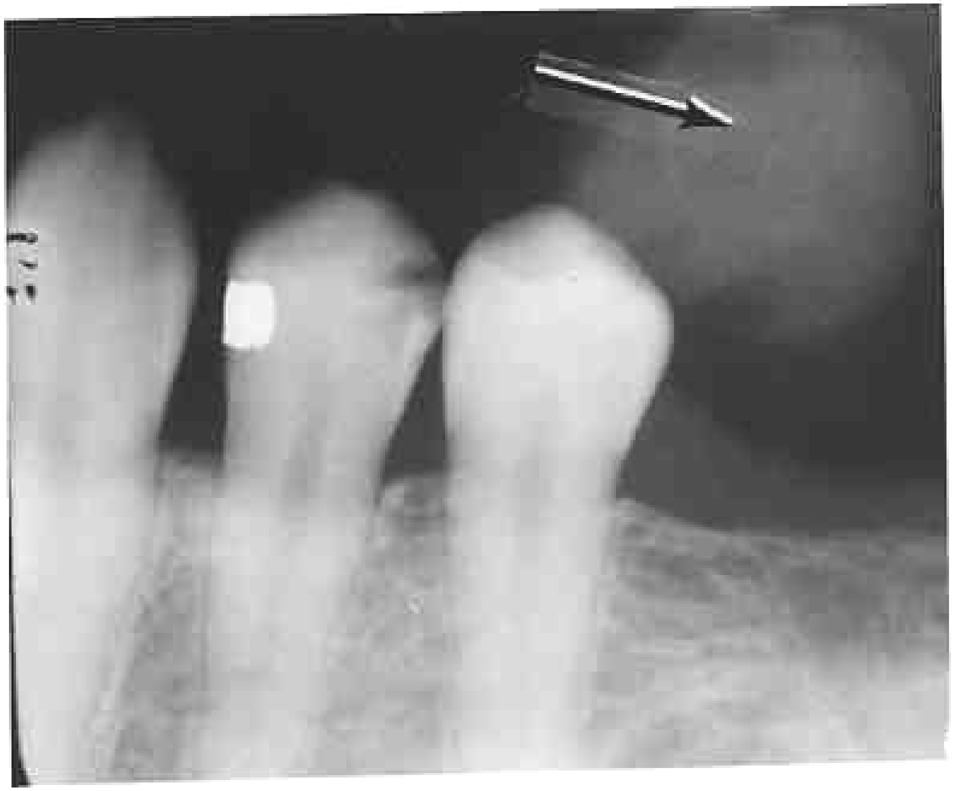


Fig. 9-4

Cotton roll. The radiopacity superior to the second premolar is a cotton roll that was used to stabilize the dental instrument. Cotton roll is usually radiolucent but when used in large amounts (thicker), it produces a slightly radiopaque image. It could be misdiagnosed as calcification in the cheek.

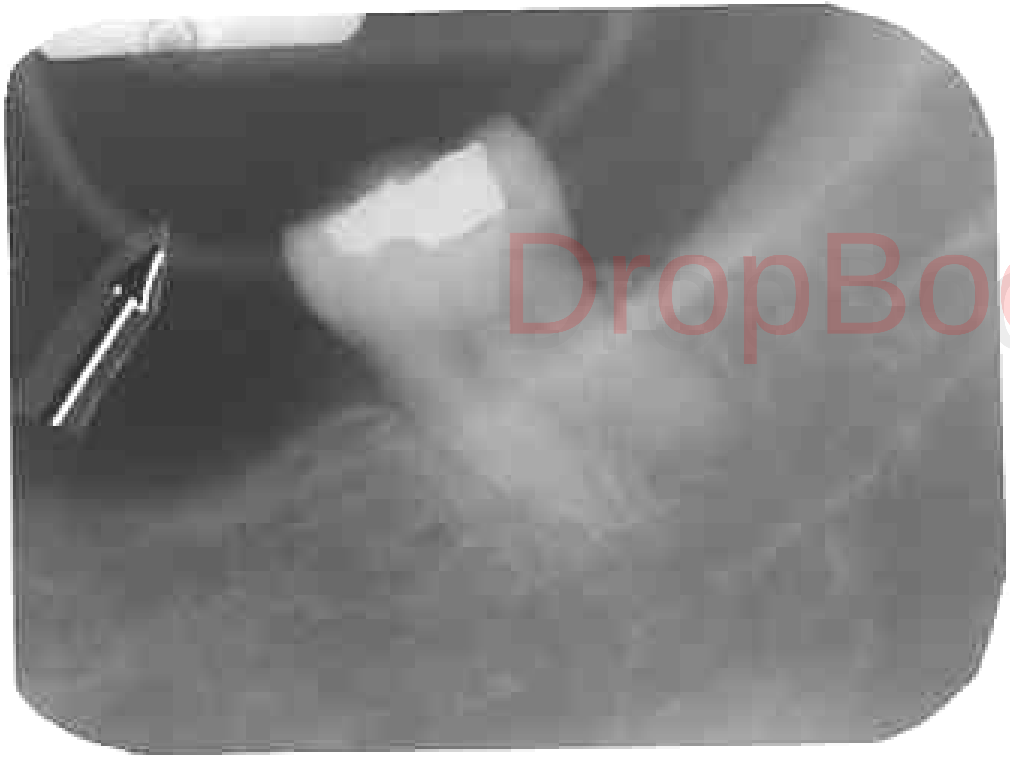


Fig. 9-5

Rubberband. The semicircular radiopacity near the crown of the molar is a rubberband that was used around the bite-block and cotton roll to stabilize the dental instrument.

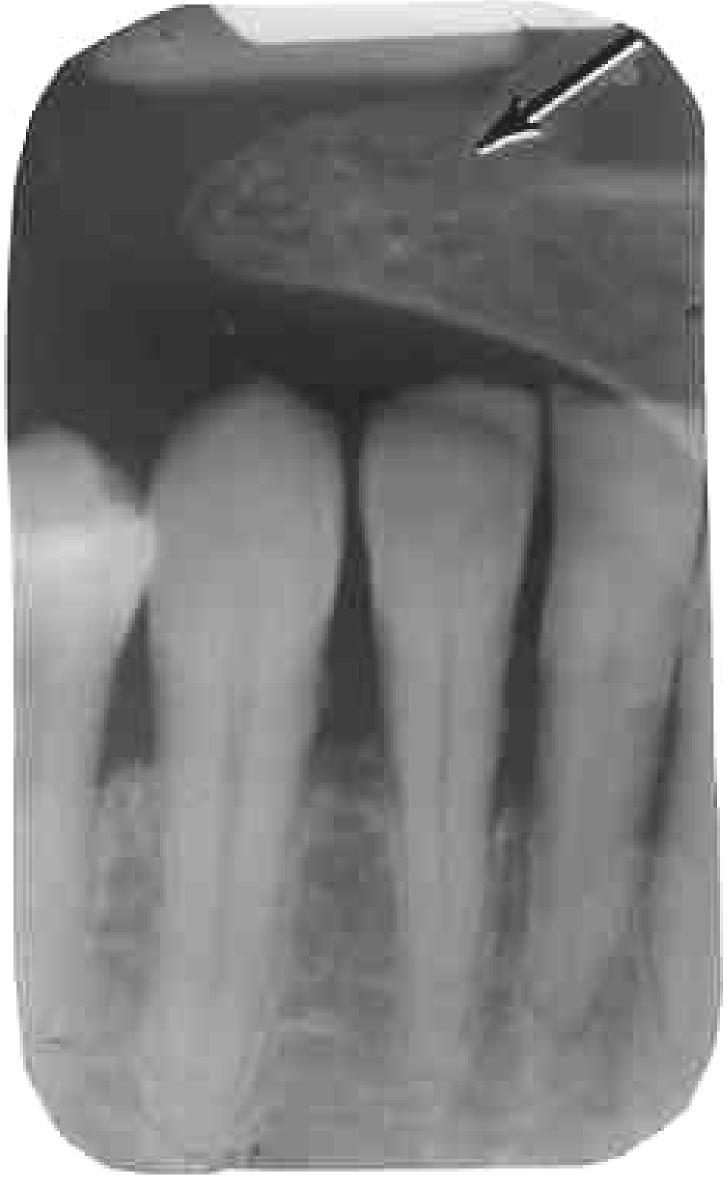


Fig. 9-6

Patient's finger accidentally exposed while holding the x-ray instrument rod.

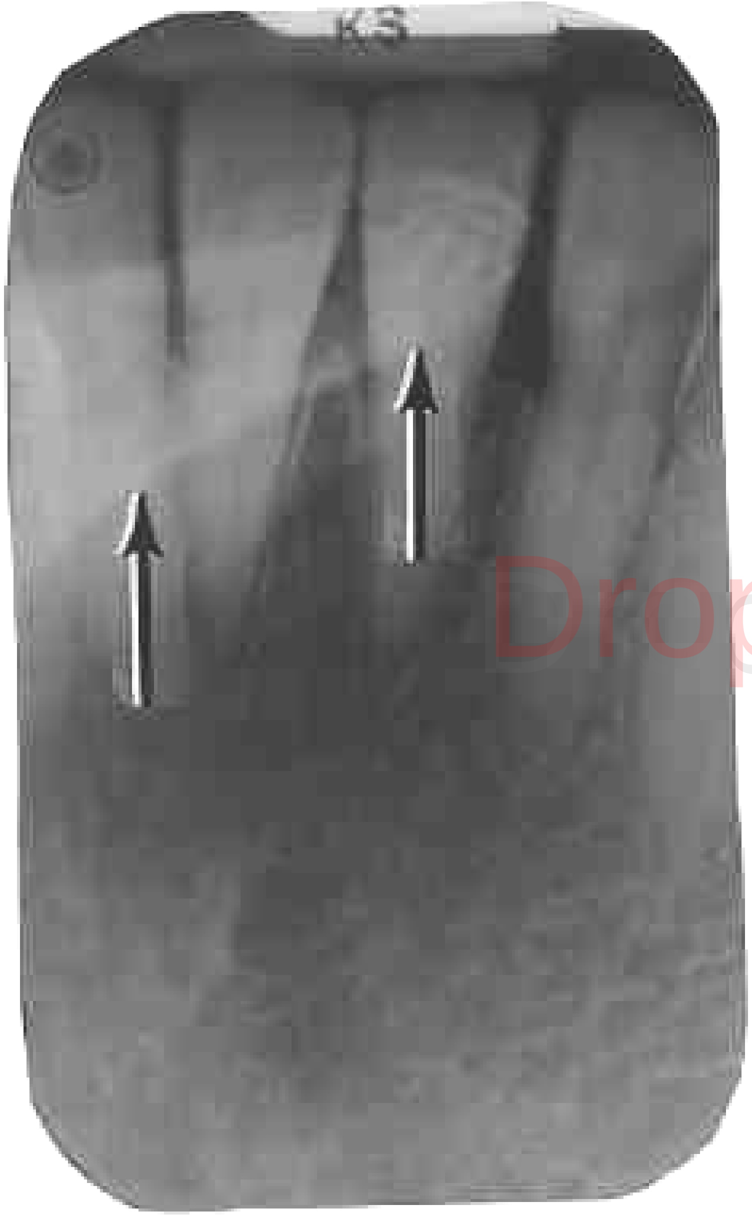
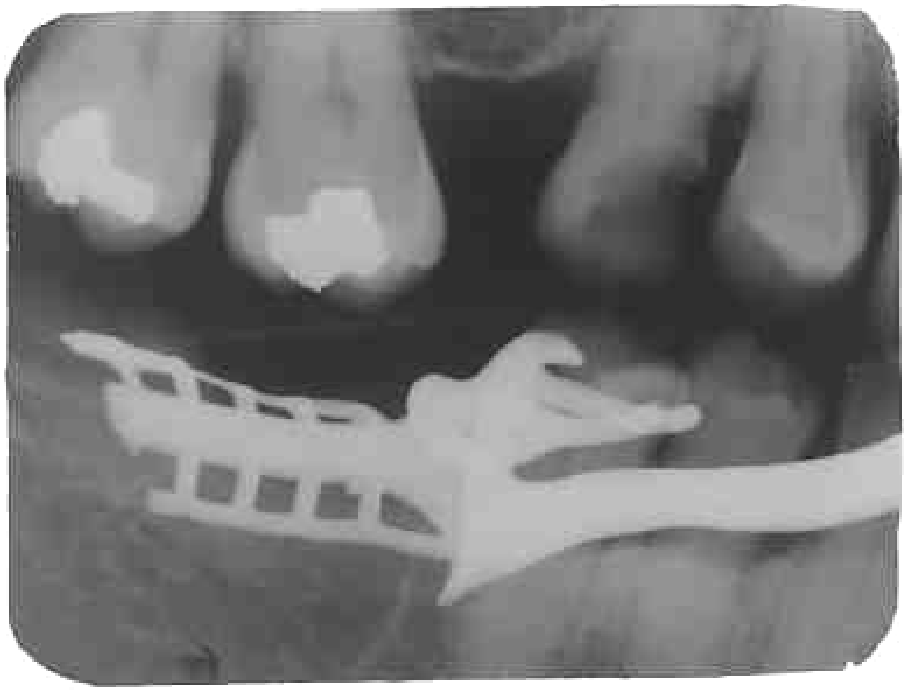


Fig. 9-7

Patient's finger accidentally exposed while holding the x-ray instrument rod.

Fig. 9-8

Metallic appliance left in patient's mouth during exposure.



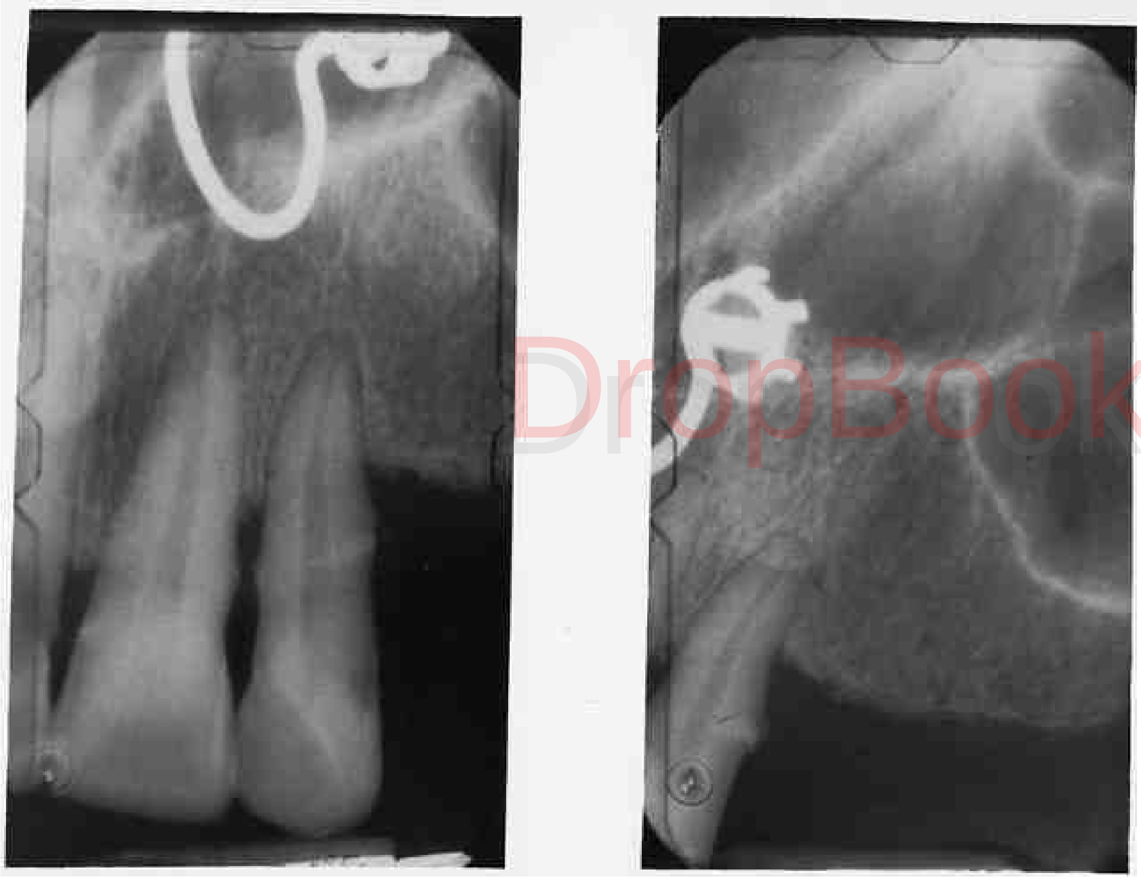
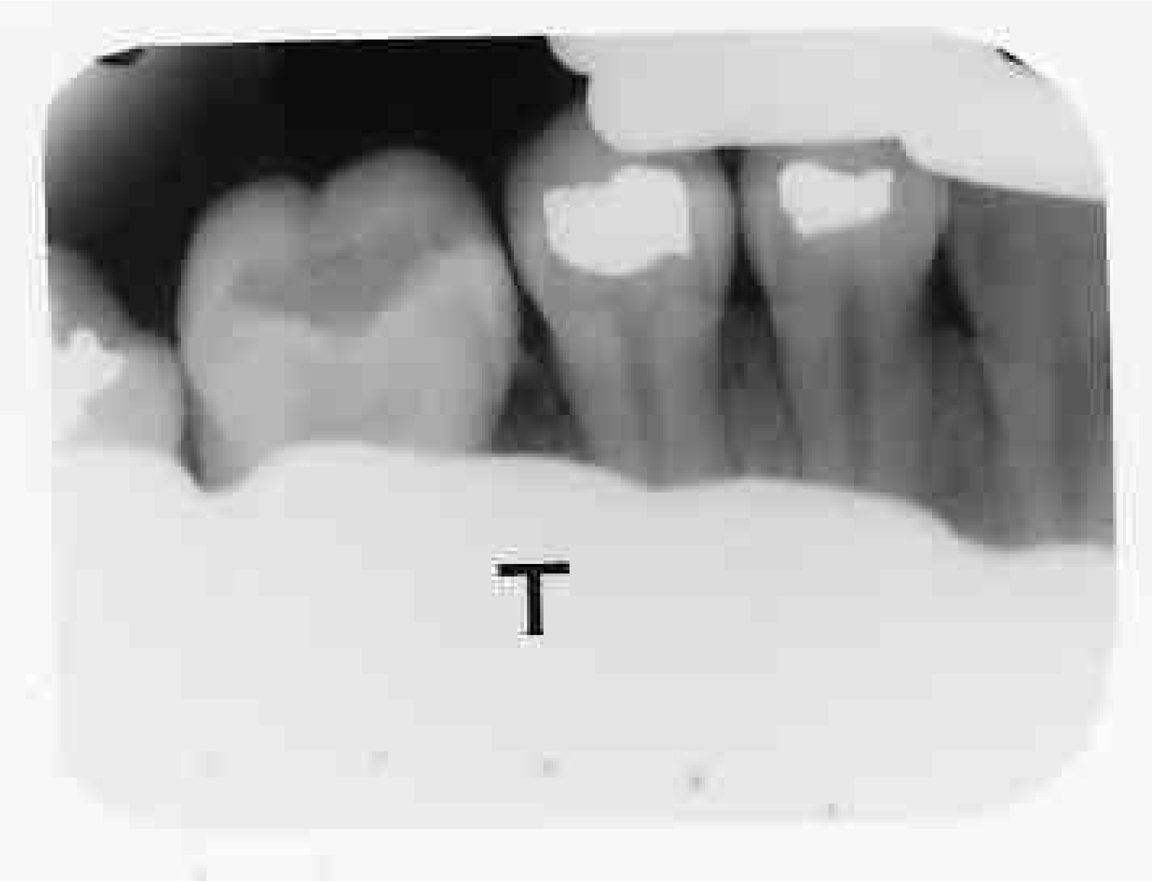


Fig. 9-9

Nose-ring worn in the ala of the nose. This custom of wearing a nose-ring is common in some oriental countries.

Fig. 9-10



Thyroid collar (thyroid shield). The image of the thyroid collar (T) is seen when a patient has a short neck or when a thyroid collar is too large.

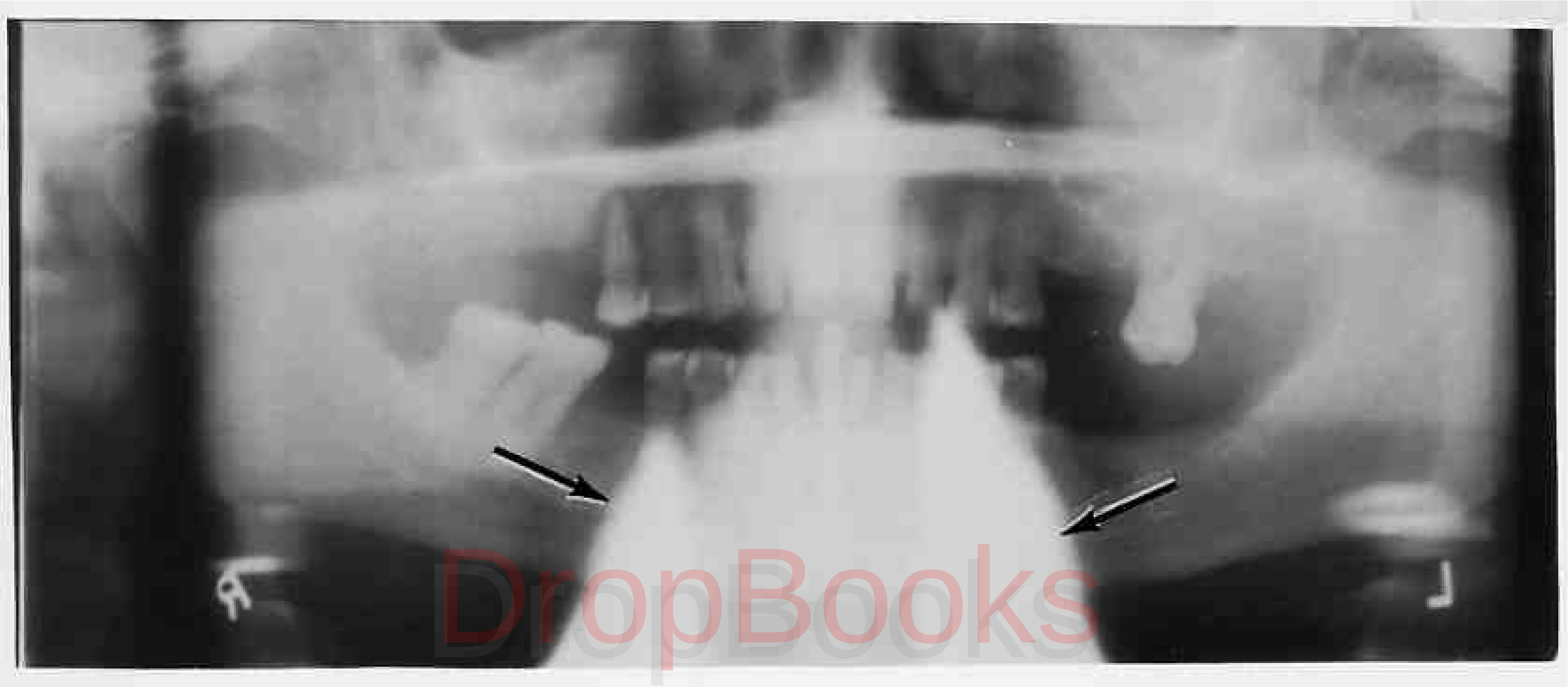


Fig. 9-11

Lead apron is visible on a panoramic radiograph when it surrounds the patient's neck. A thyroid shield (collar) will produce a similar image.

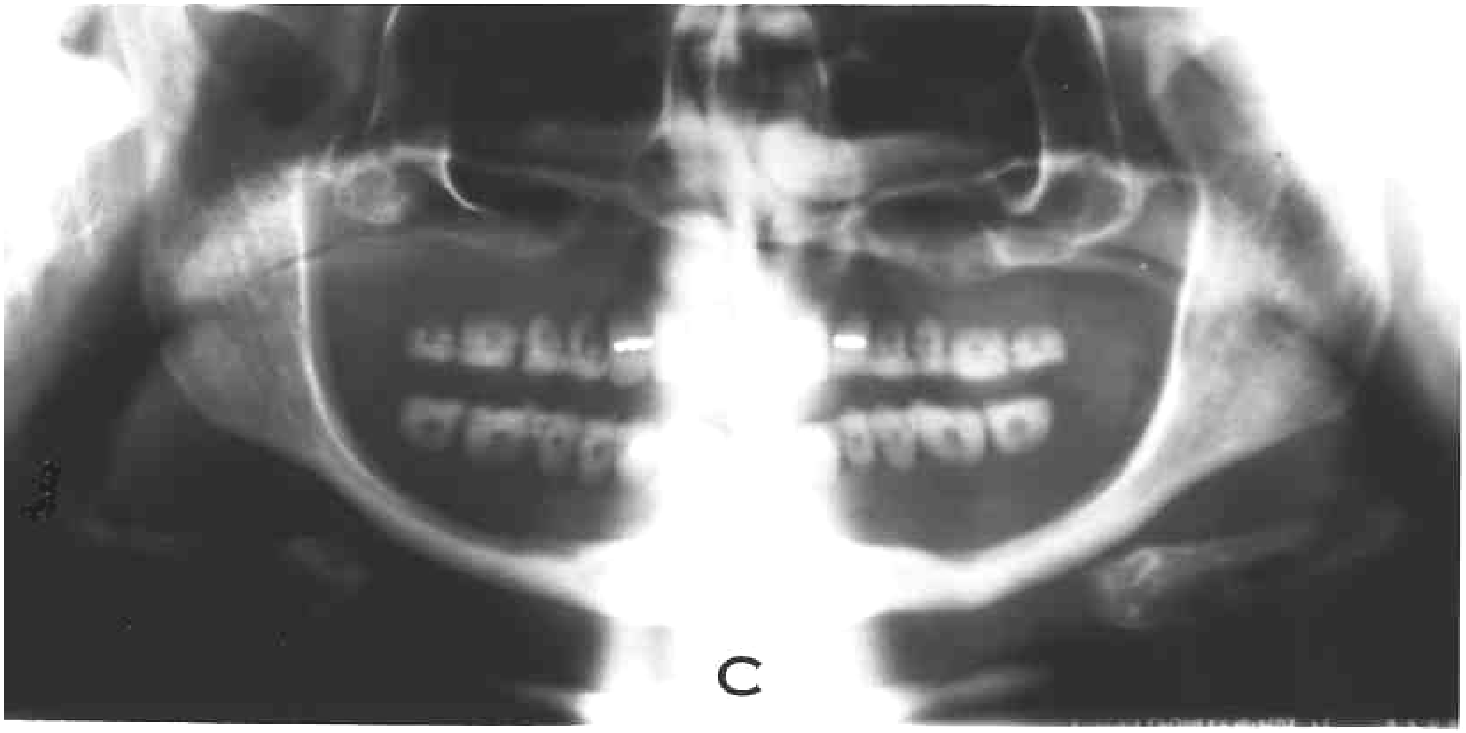


Fig. 9-12

Patient's dentures. The patient's maxillary and mandibular dentures were not removed when taking the panoramic radiograph. The cervical spine (C) may be misdiagnosed for a thyroid shield.

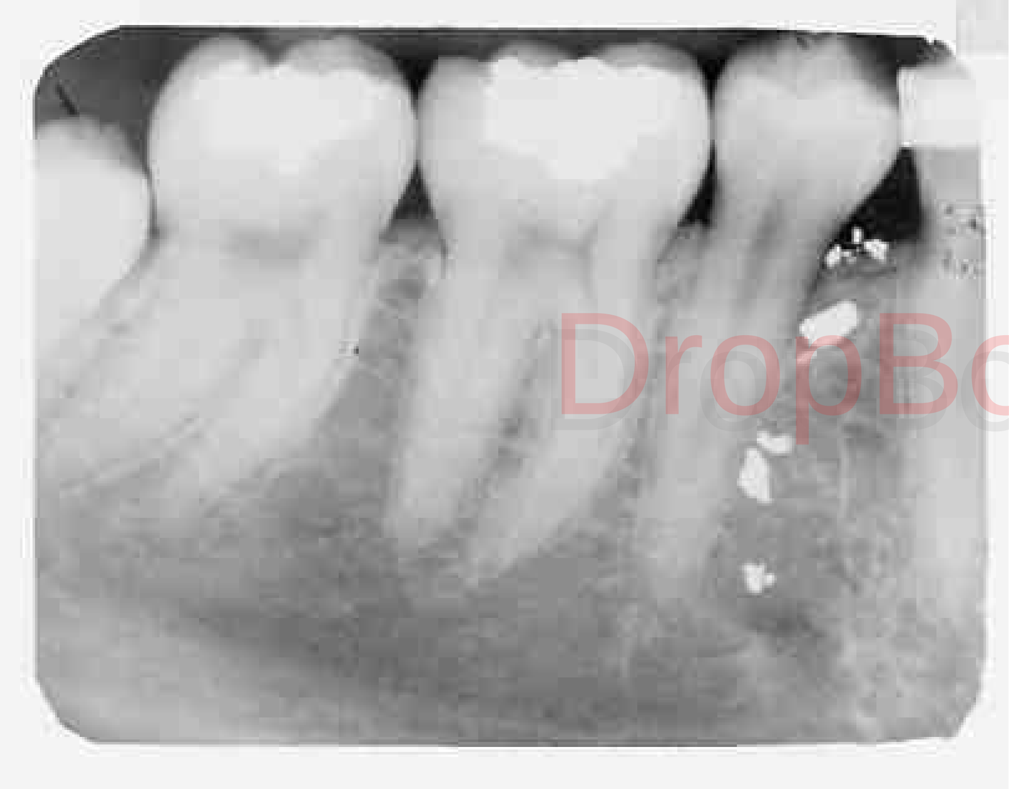


Fig. 9-13

Silver amalgam fragments in mucoperiosteum and soft tissue. Clinically, the gray pigmentation of the mucosa is called amalgam tatoo.

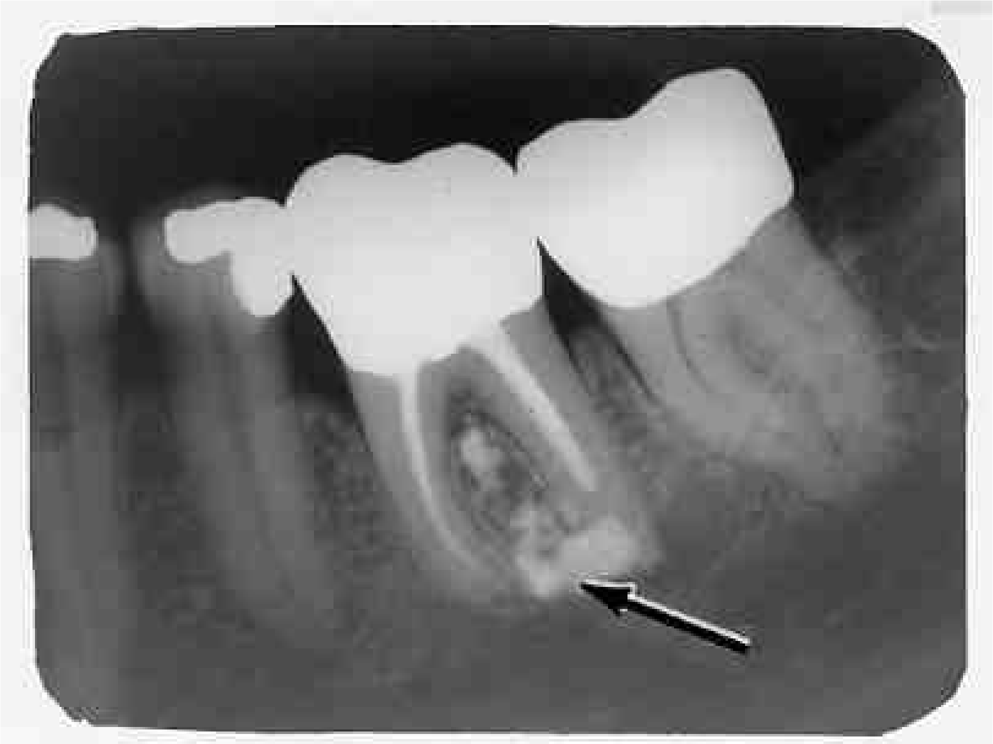


Fig. 9-14

Zinc oxide eugenol cement accidentally pushed into the apical region of the first molar during endodontic treatment.

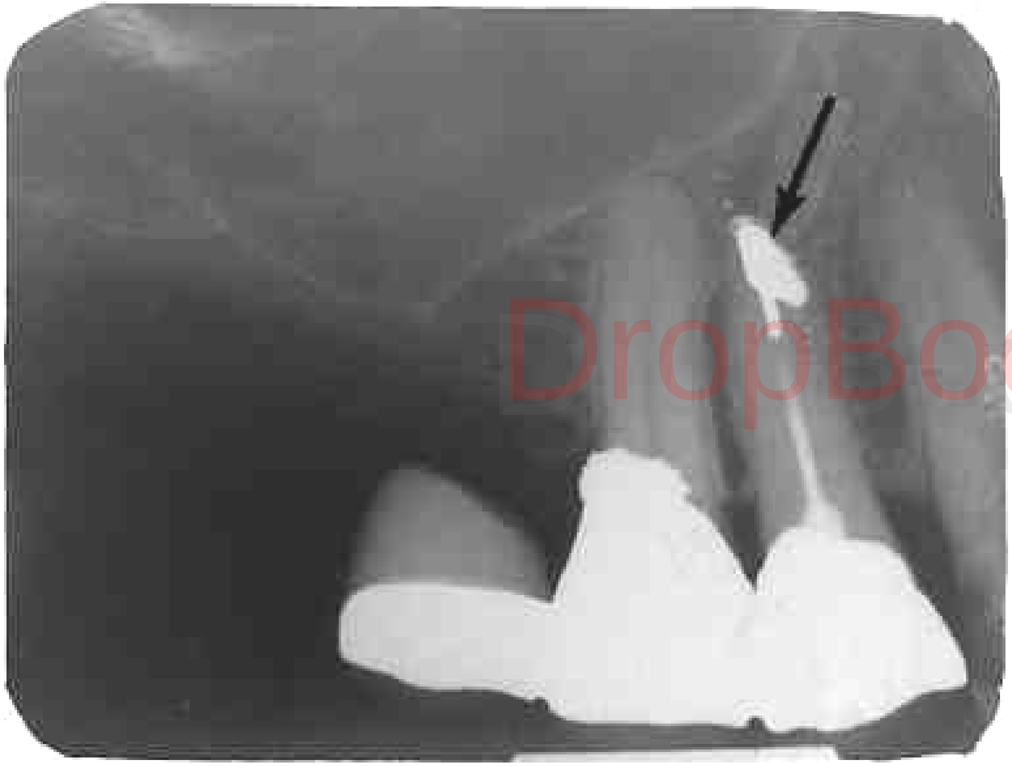


Fig. 9-15

Retrograde silver amalgam filling at the apex of the first premolar.

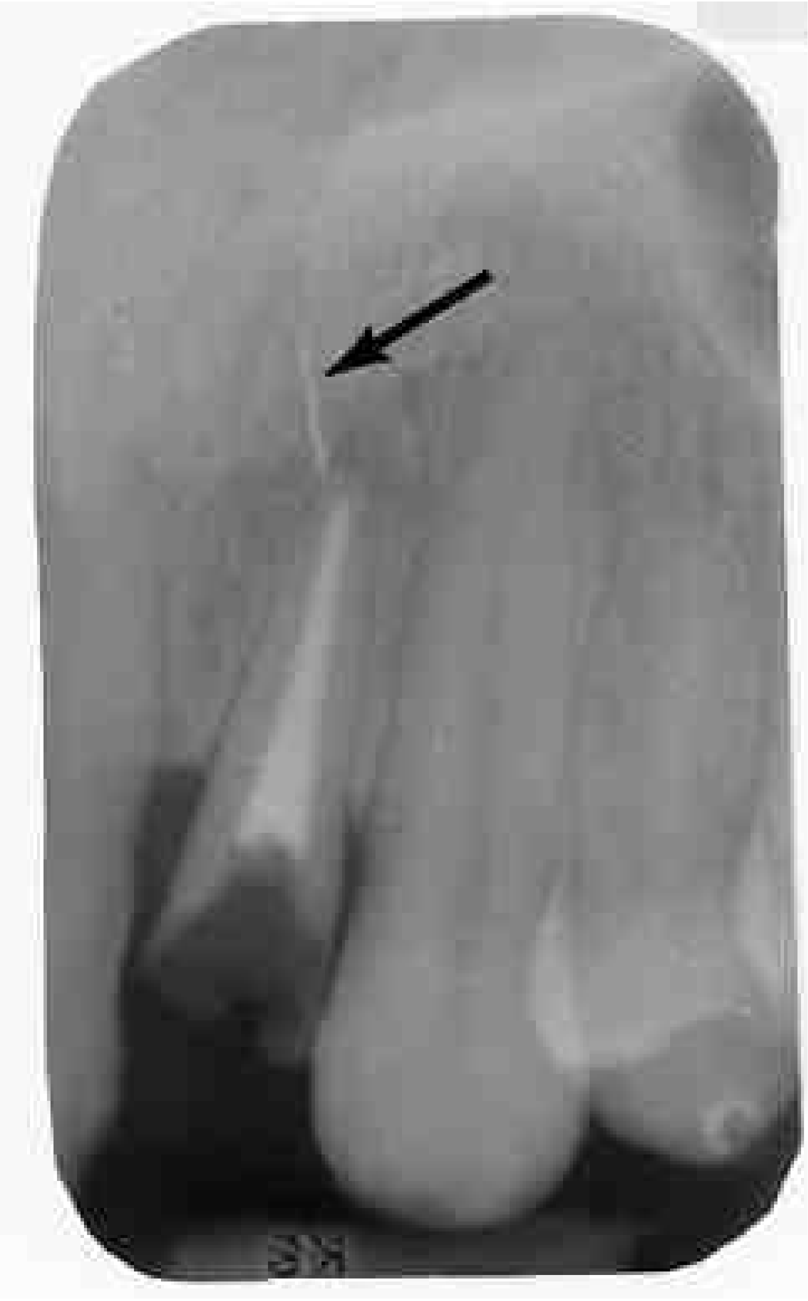


Fig. 9-16

Broken endodontic instrument at the periapical region of the maxillary lateral incisor.

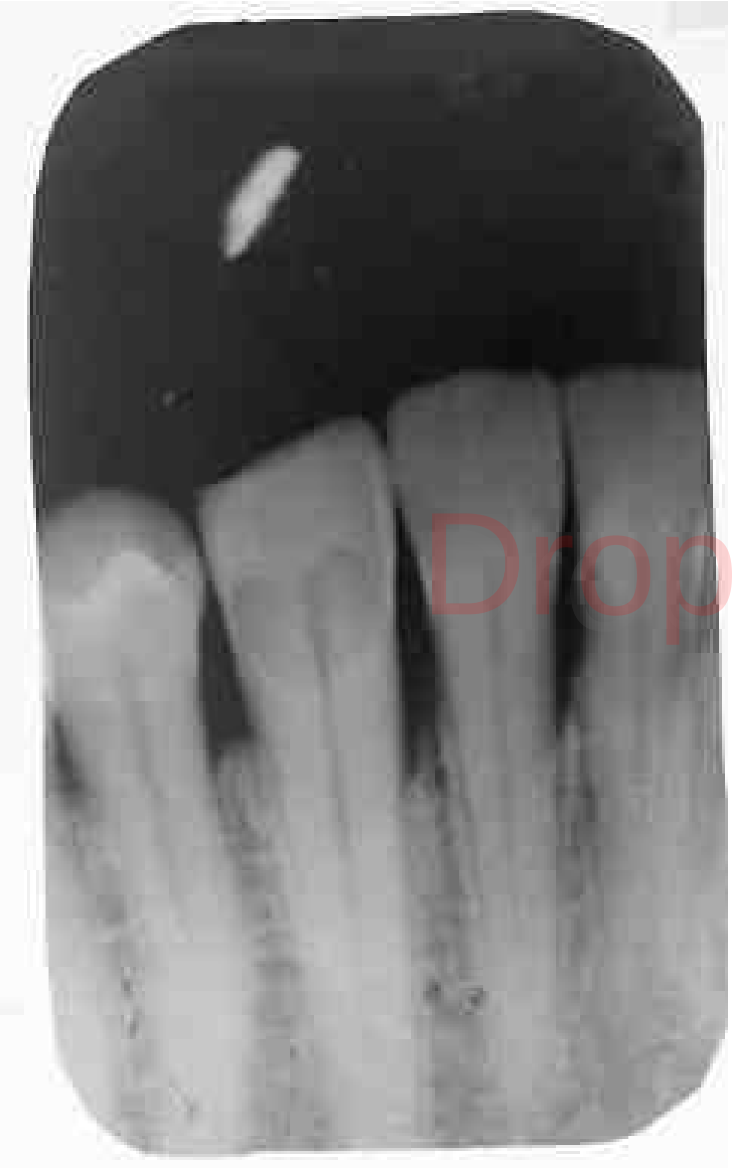


Fig. 9-17

A metal fragment in patient's lip.

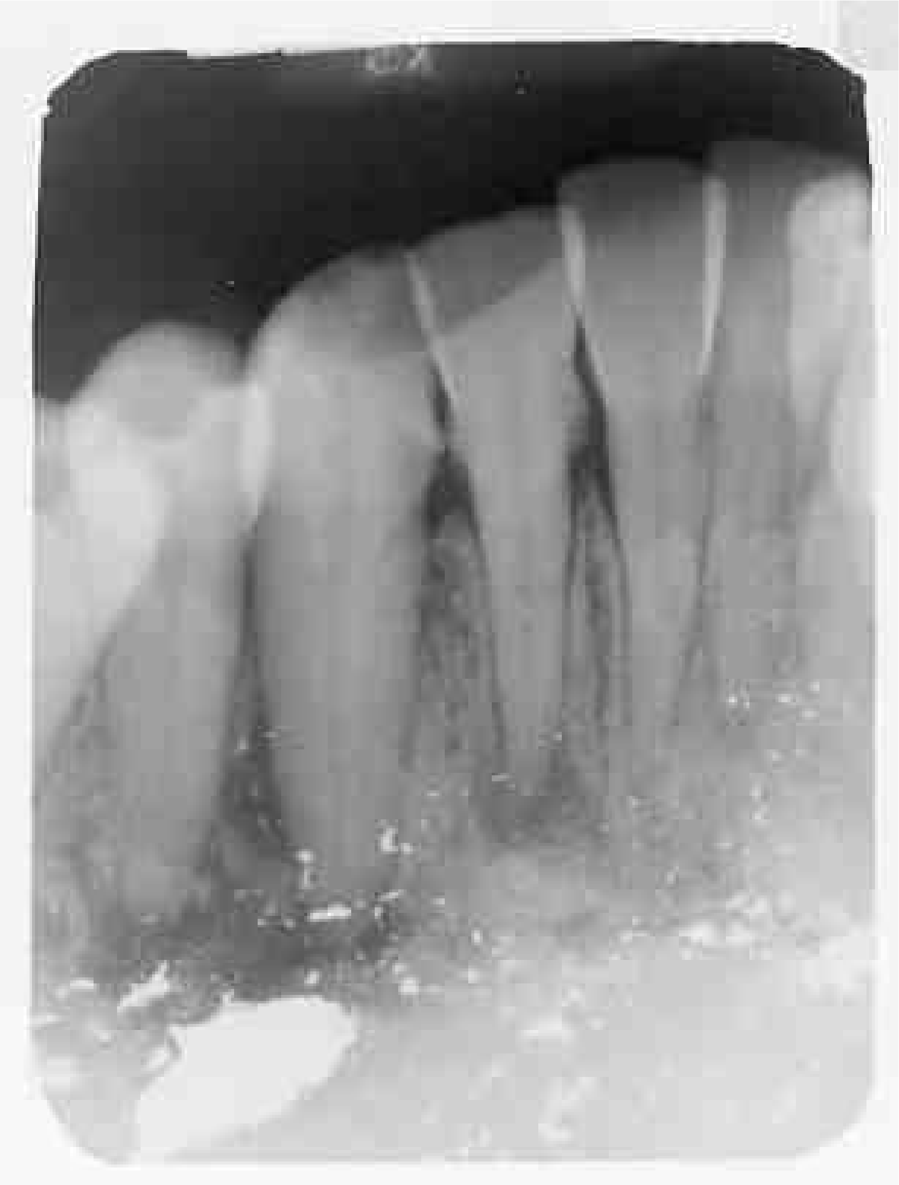


Fig. 9-18

Bullet fragments.
May be misdiagnosed as amalgam fragments in the mucoperiosteum and soft tissue.

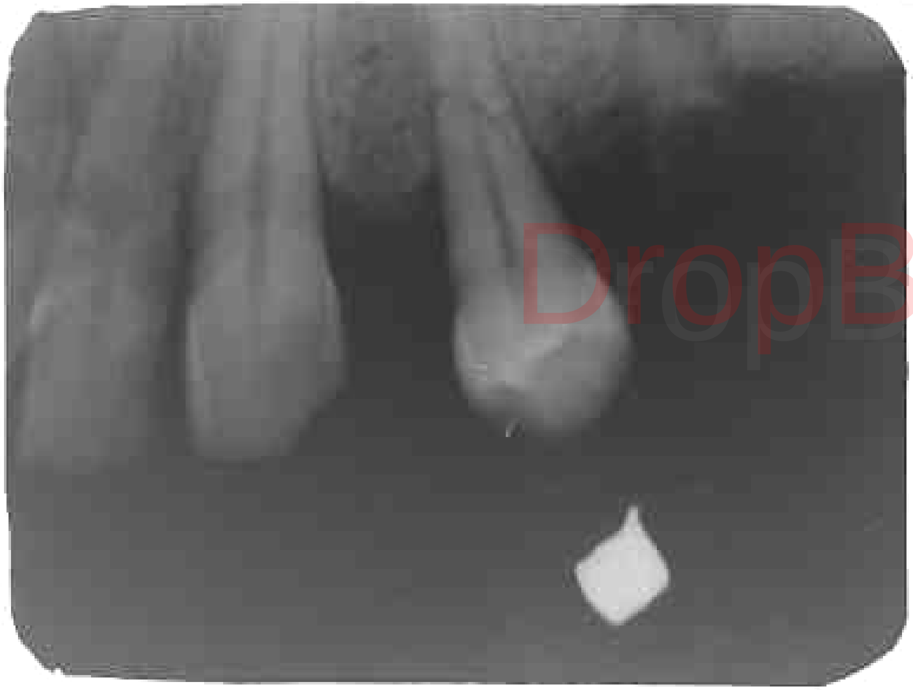


Fig. 9-19

Bullet fragment in the soft tissue of the cheek. The root of the maxillary premolar is fractured.

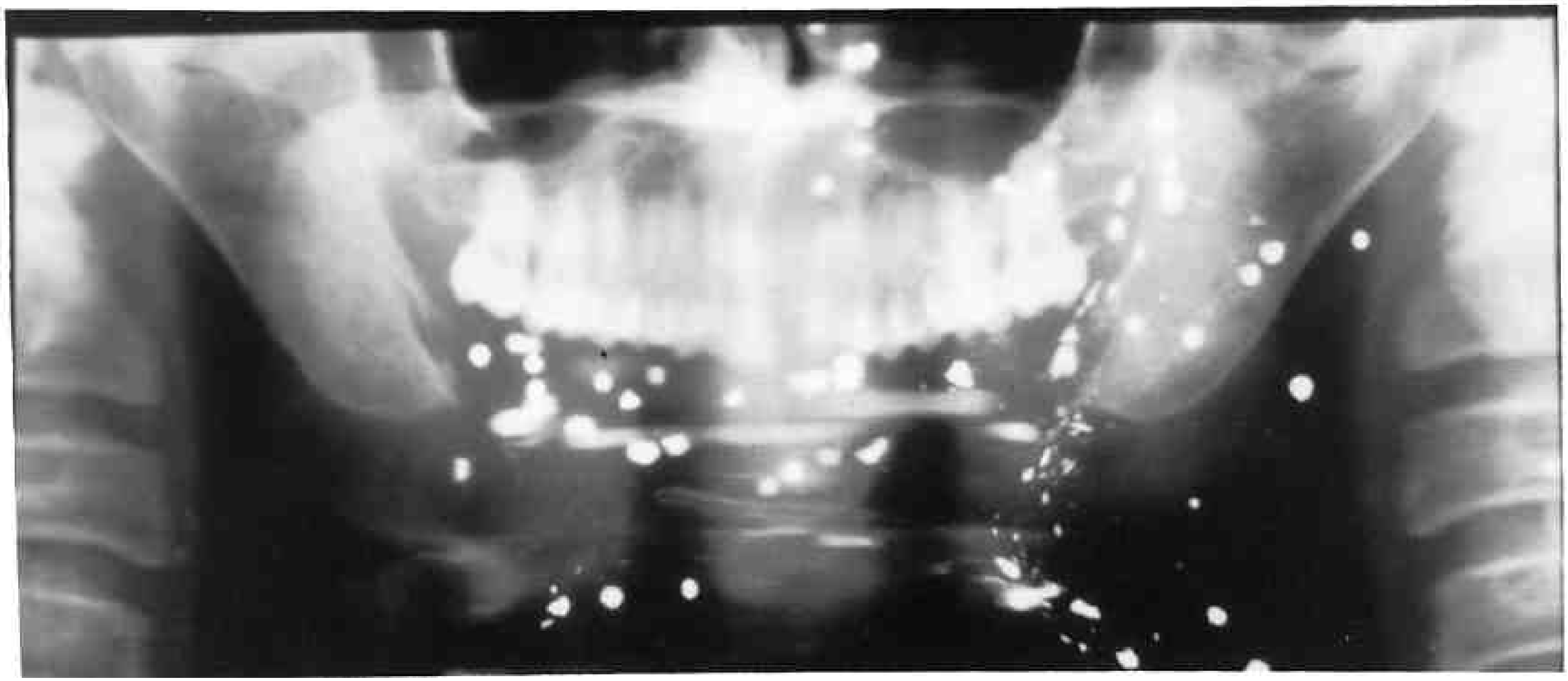


Fig. 9-20

Bullet fragments as seen on a panoramic radiograph. The body of the mandible has been surgically excised.

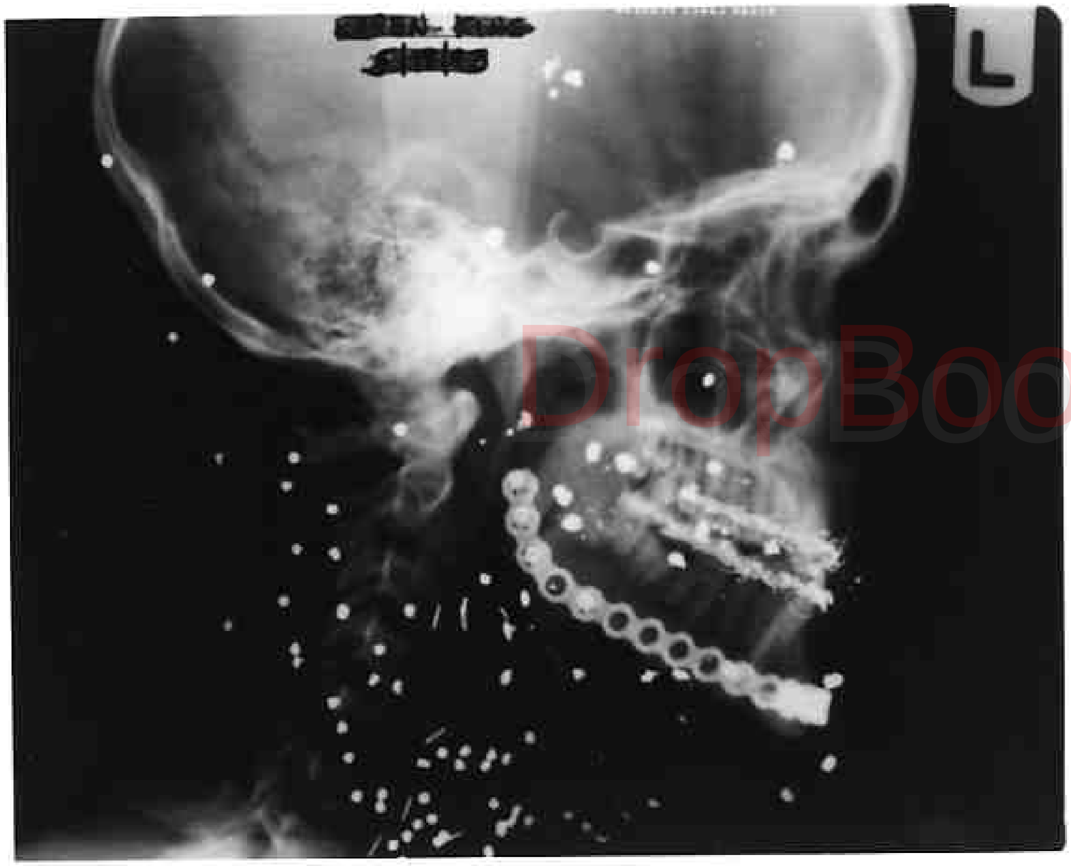


Fig. 9-21

Bullet fragments as seen on a lateral skull radiograph. Note the presence of a mandibular reconstruction bone plate.

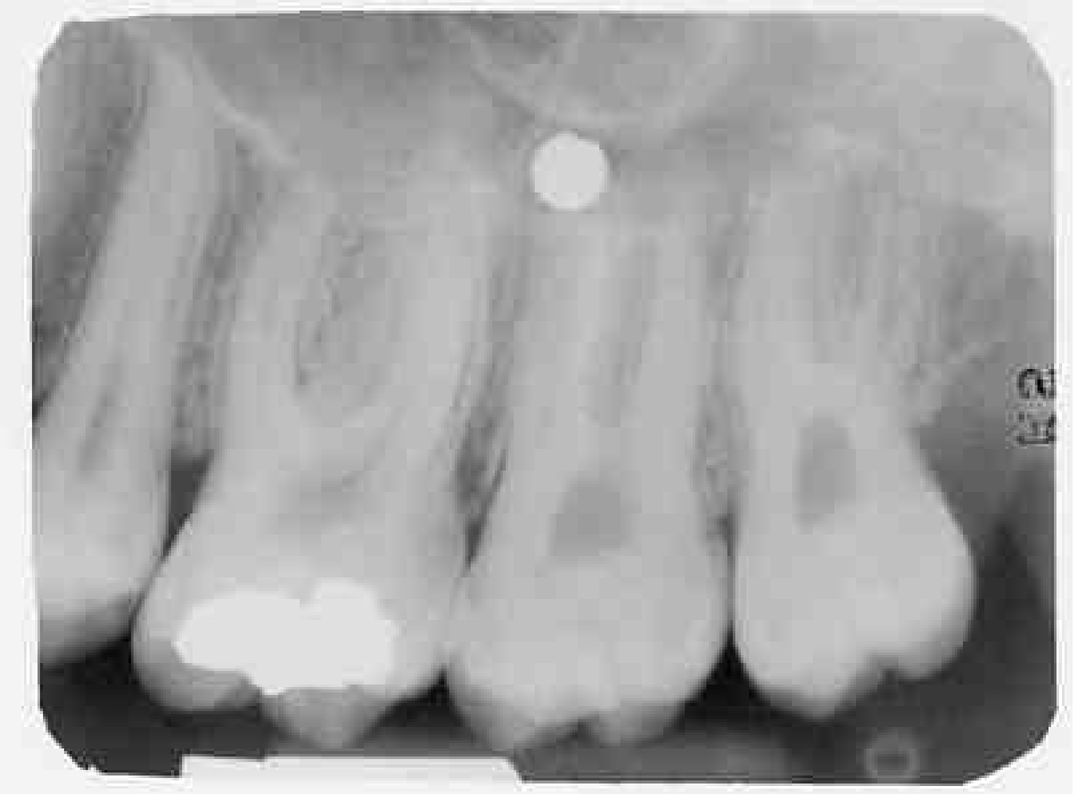


Fig. 9-22

Birdshot in the maxilla.

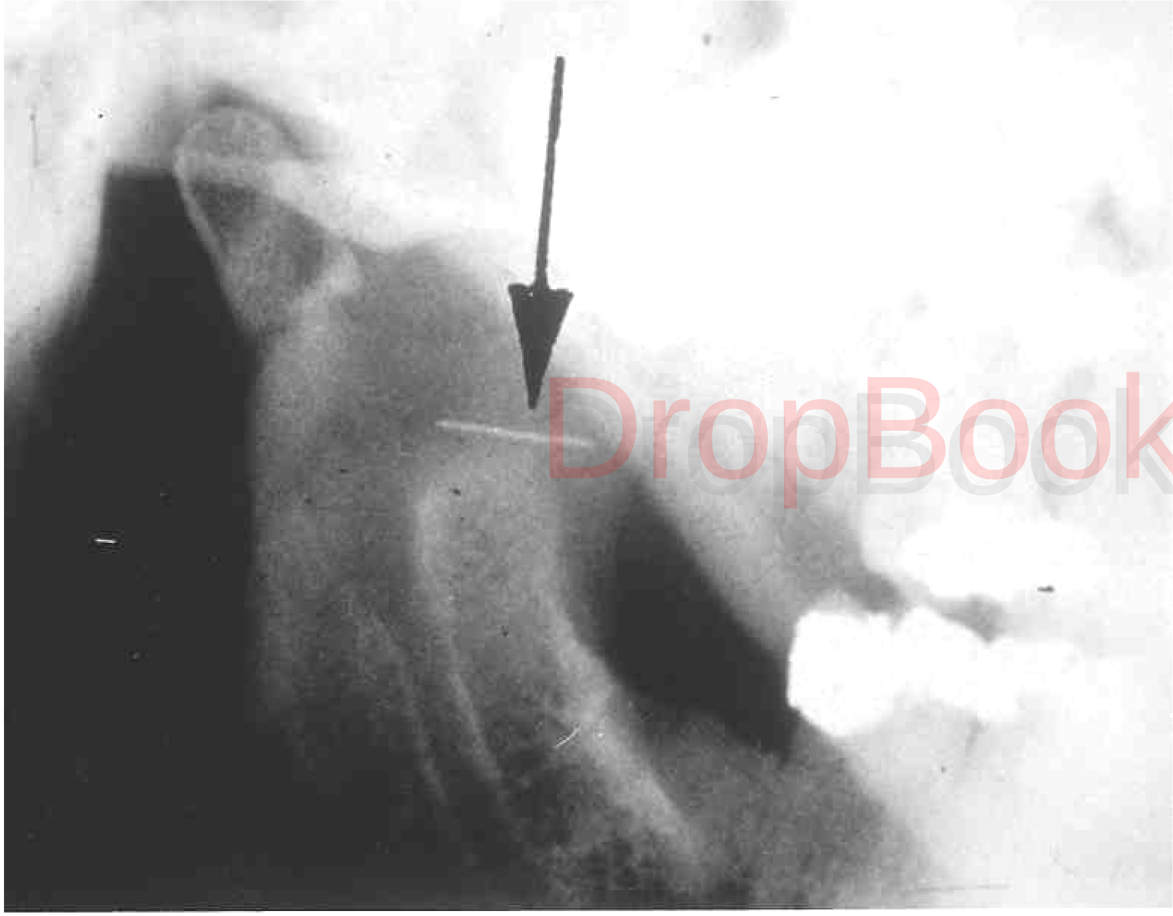


Fig. 9-23

Broken hypodermic needle during administration of a mandibular block injection as seen on a lateral jaw radiograph.

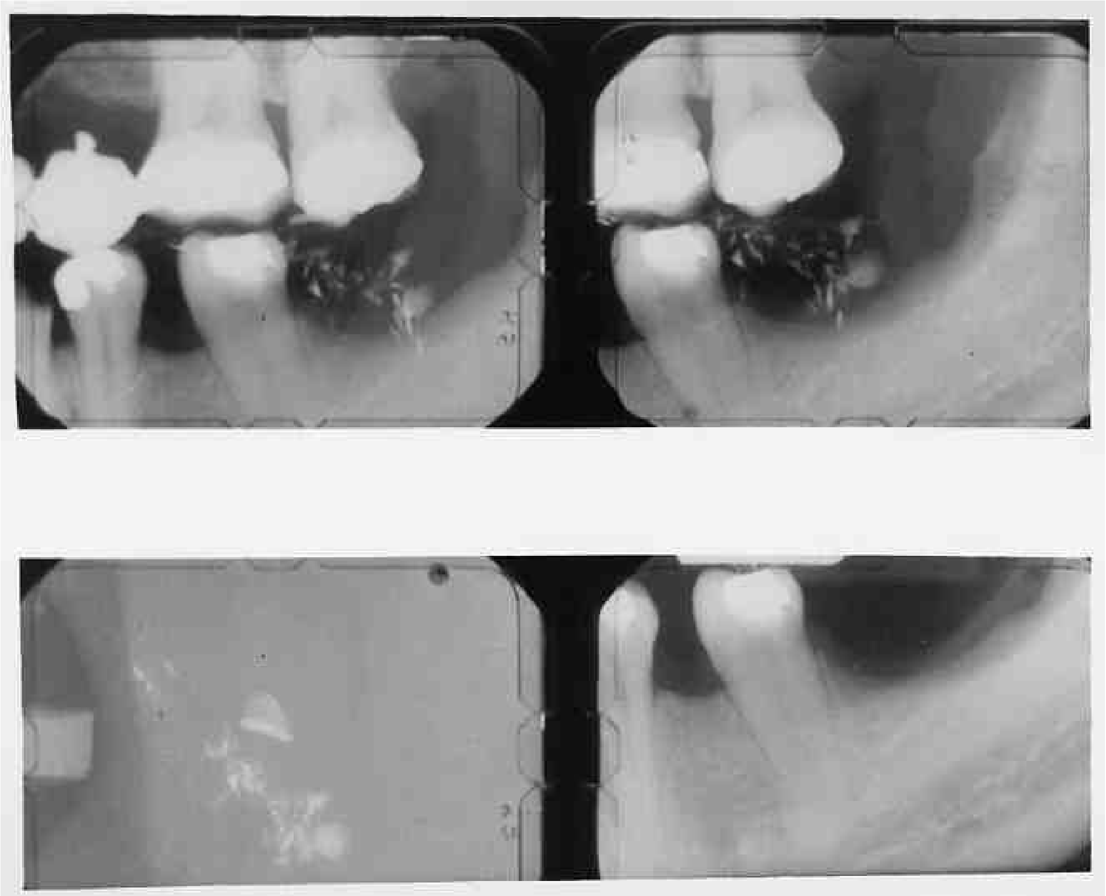


Fig. 9-24

Glass fragments in patient's cheek resulting from a car accident eight years earlier. Notice the change in position of the glass fragments with changes in angulation of the x-ray beam.

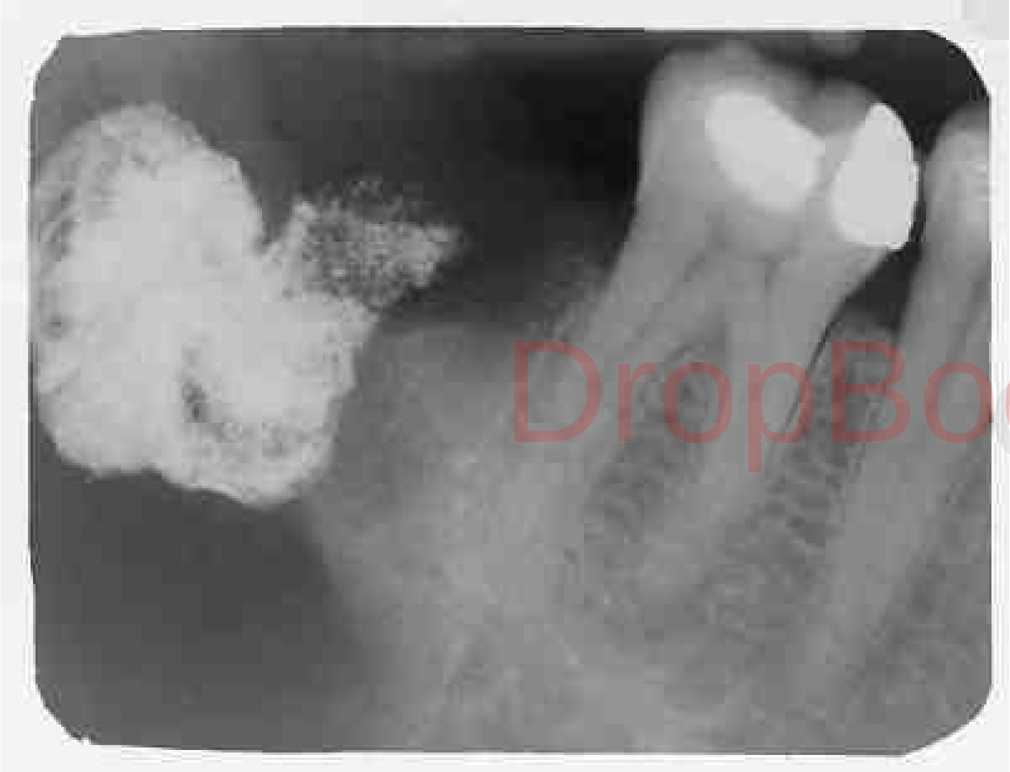


Fig. 9-25

Iodoform gauze used as a surgical dressing at the surgically treated site.

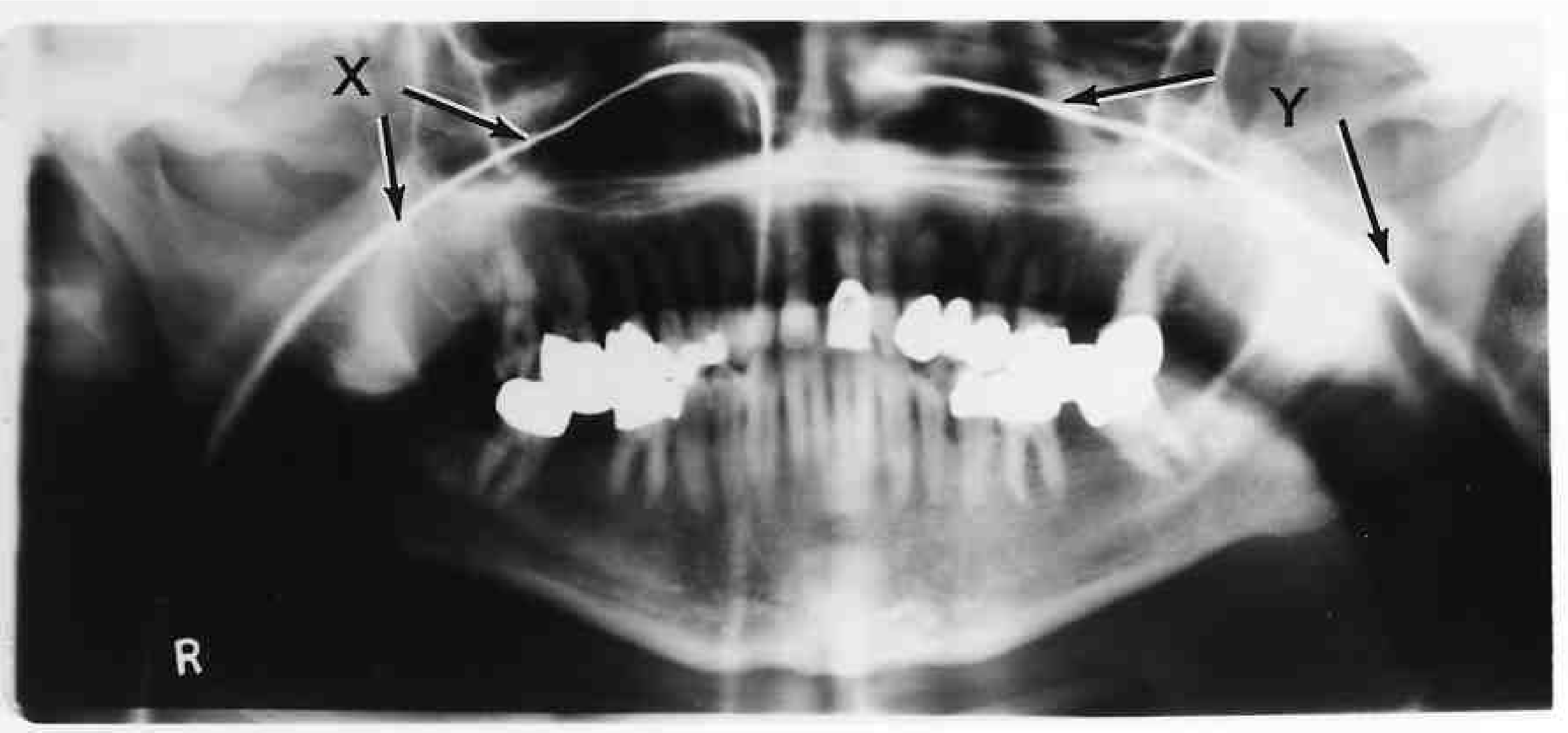


Fig. 9-26

Naso-gastric tube (X) inserted into the right nasal passage. The left side shows the ghost image (Y) of the contralateral naso-gastric tube.

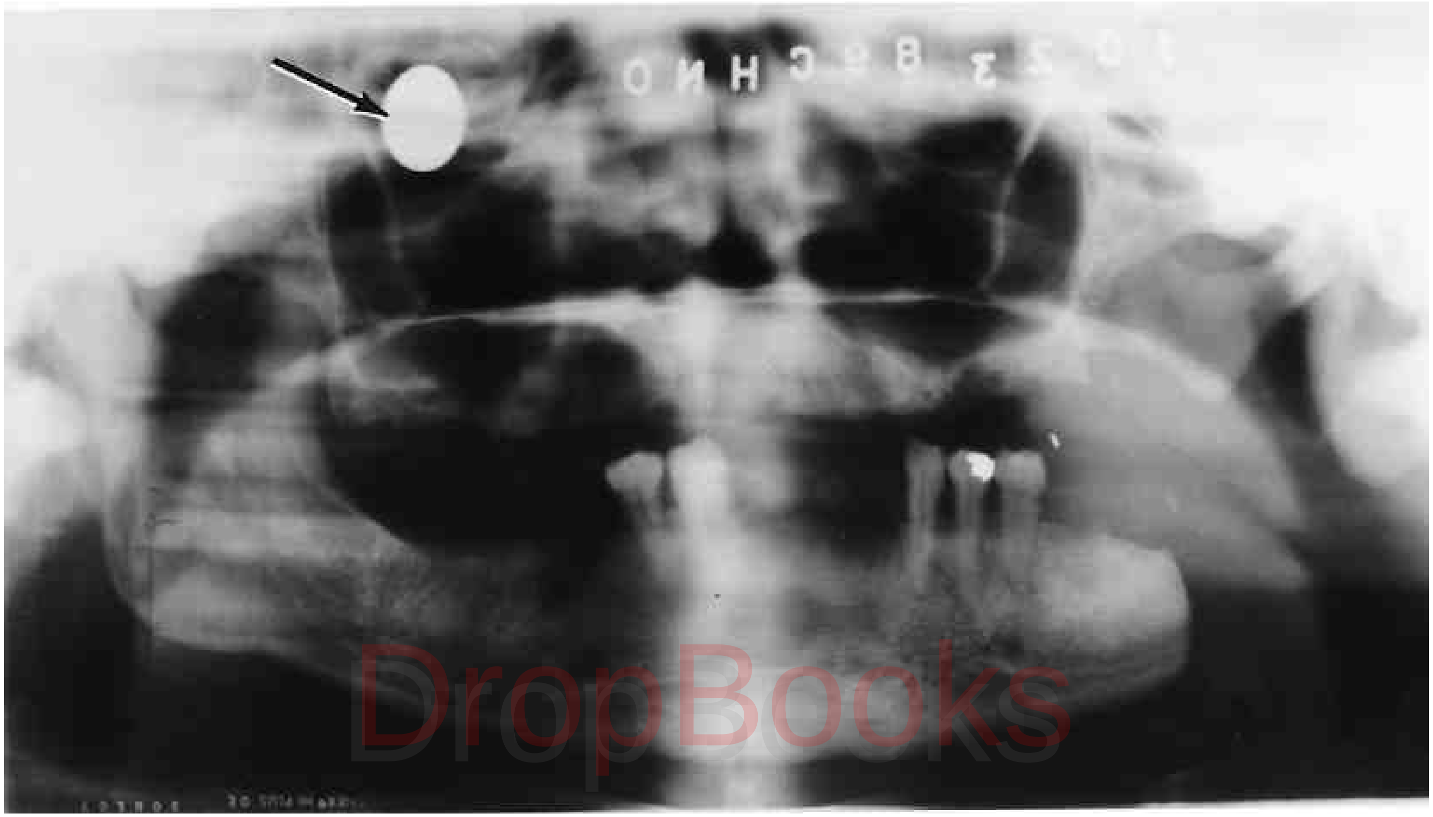


Fig. 9-27

Eye implant (right orbit) to which muscles have been attached. The mandibular ramus of the left side was surgically treated because patient had carcinoma of tonsillar fossa.

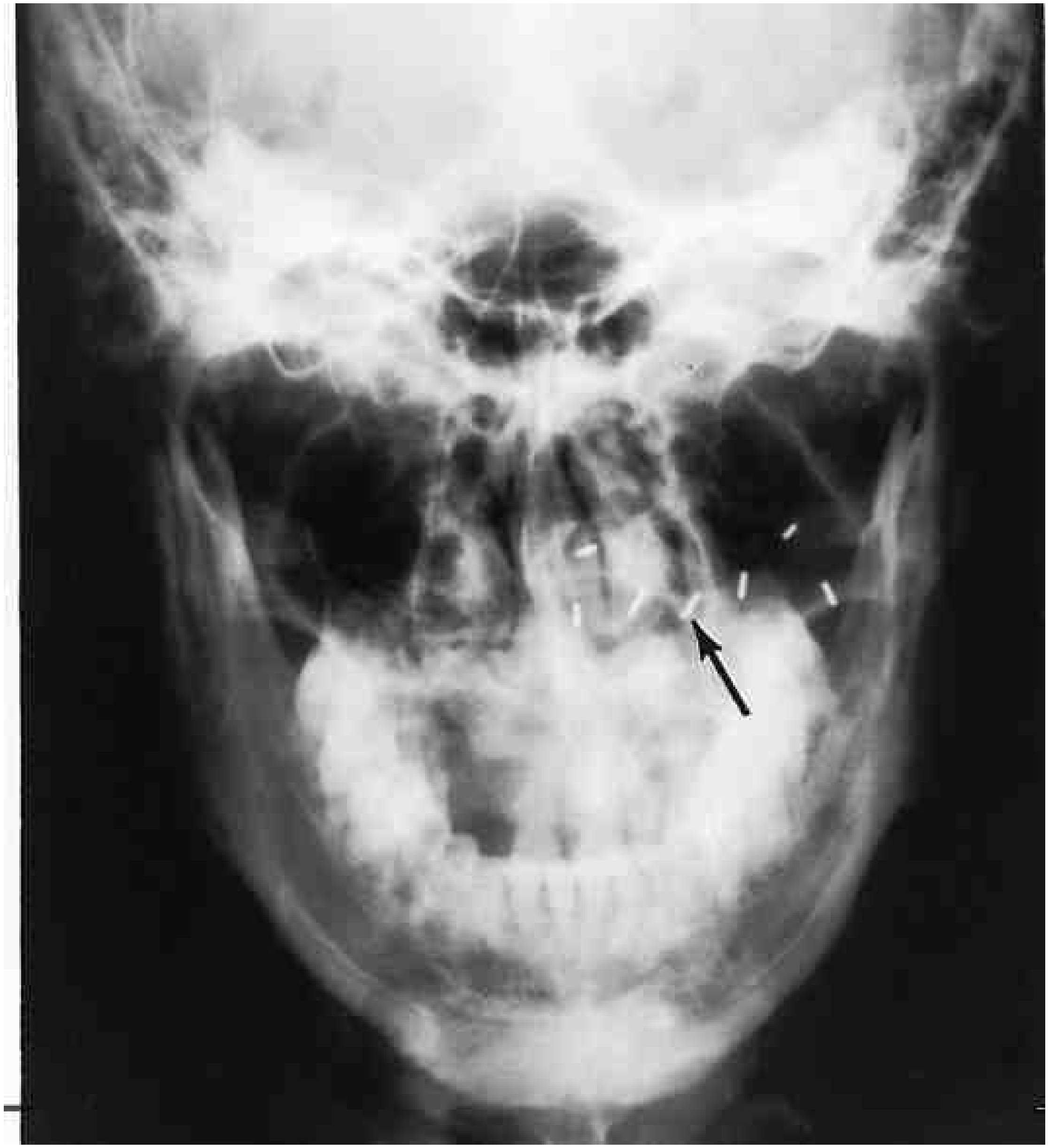


Fig. 9-28

Radon seeds implanted for treatment of a tumor.

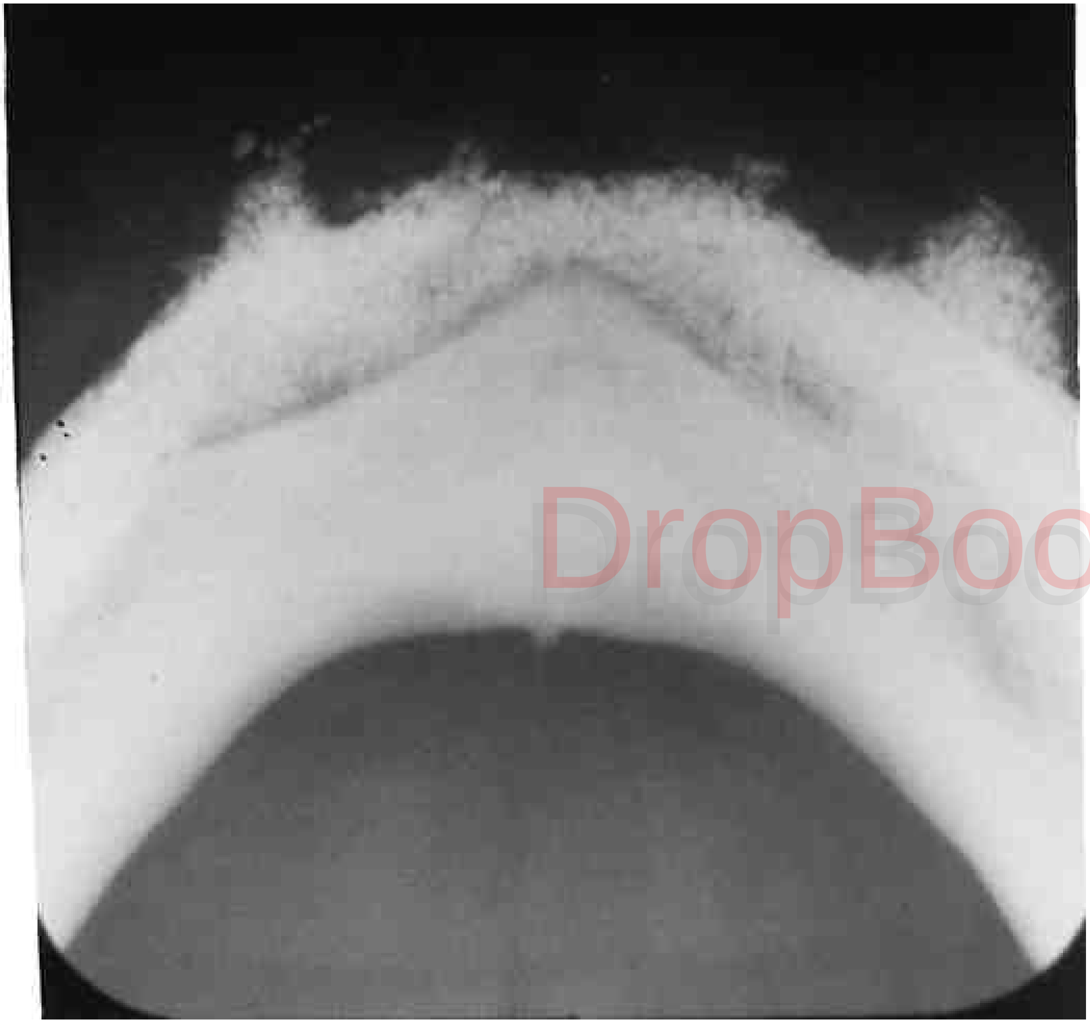


Fig. 9-29

Malplacement of hydroxyapatite (hydroxylapatite) for ridge augmentation. The malplaced hydroxyapatite is protruding into the soft tissues.

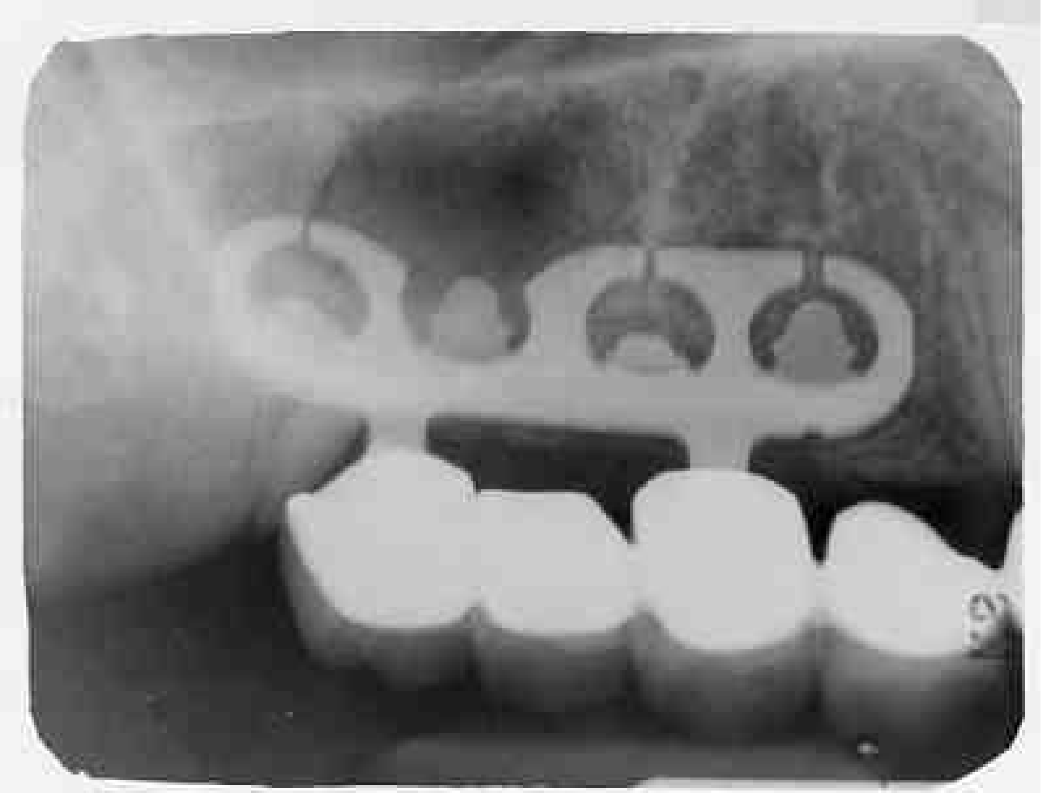


Fig. 9-30

Blade implants in maxilla.

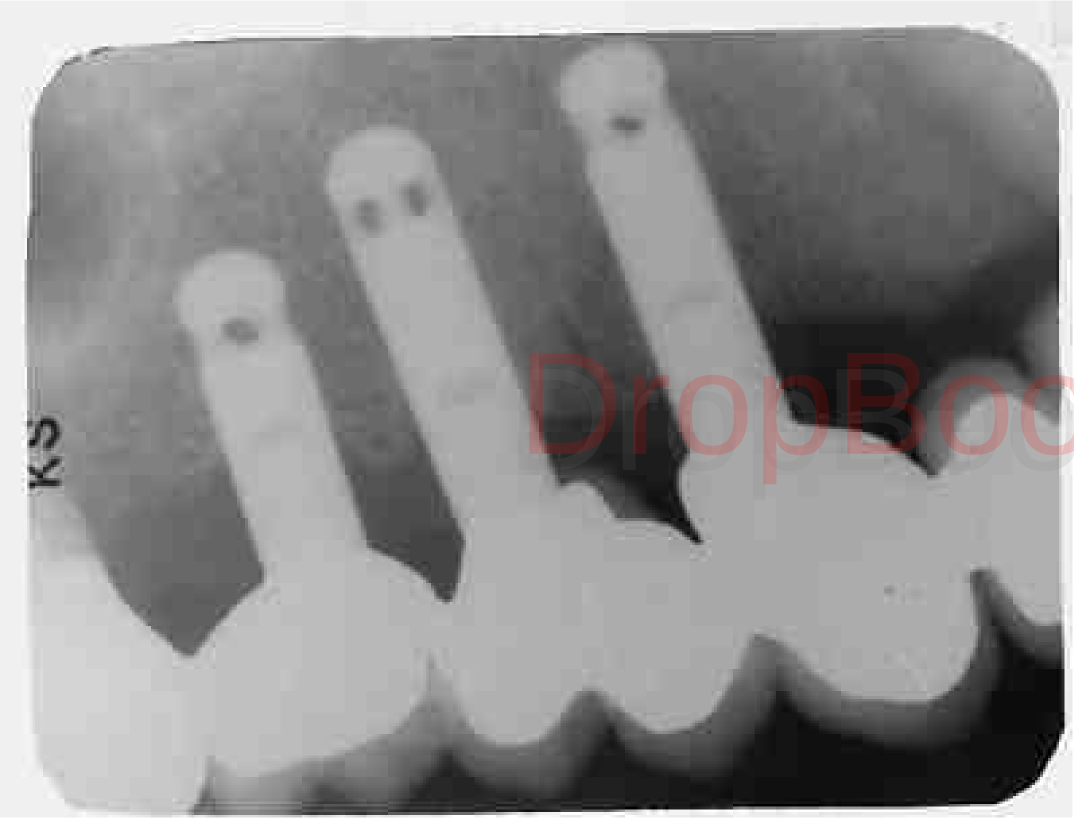


Fig. 9-31

Hydroxylapatite coated titanium implants. The implants are used as pier (intermediate) abutments.

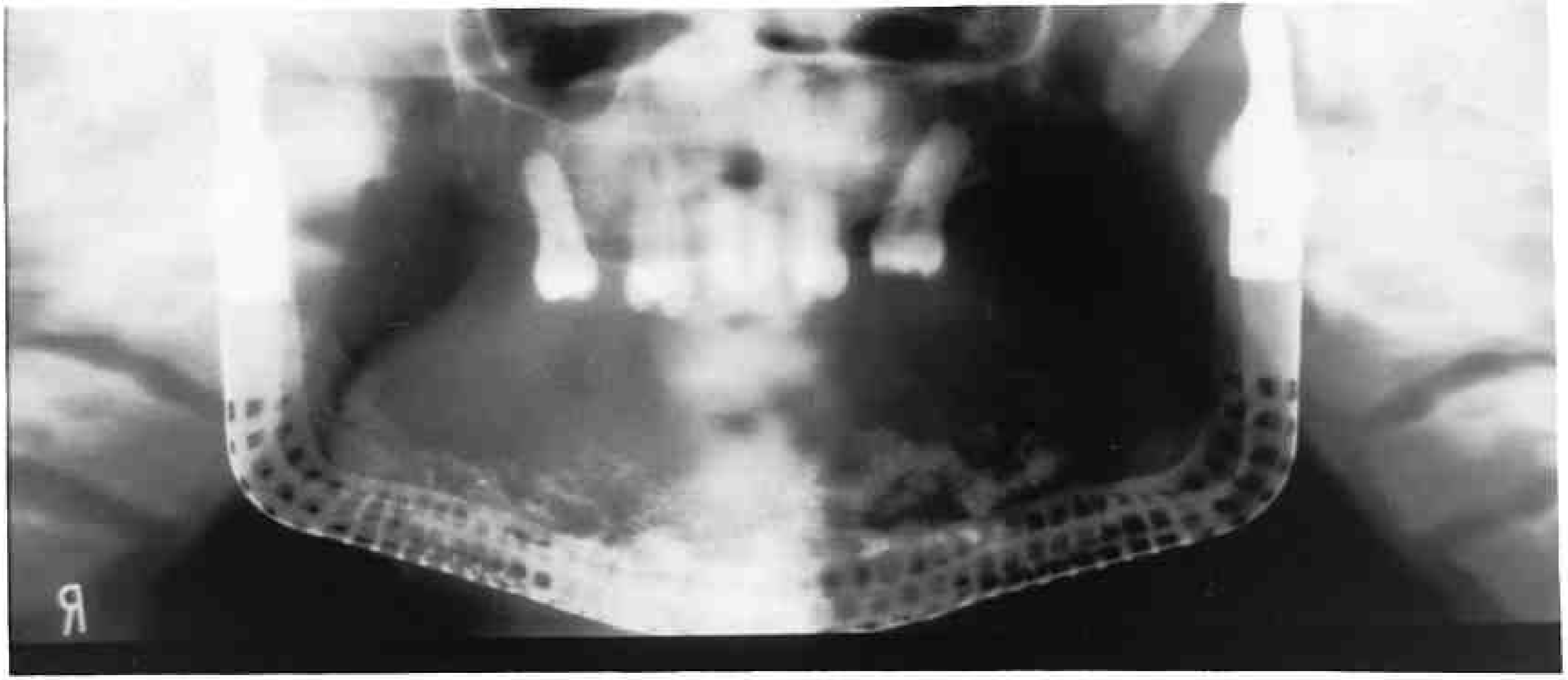


Fig. 9-32

Perforated tray for mandibular reconstruction secondary to a tumor.